

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134517

FILED
Apr 30, 2009
Secretary of State

Entity Name: INDIAN RIVER MARBLE ENTERPRISES INC

Current Principal Place of Business:

855 11TH AVE S.W.
VERO BCH, FL 32962

New Principal Place of Business:

Current Mailing Address:

855 11TH AVE S.W.
VERO BCH, FL 32962

New Mailing Address:

FEI Number: 20-0351743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, GRAHAM
870 GREENLEAF CIRCLE
VERO BCH, FL 32960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCLEOD, GRAHAM
Address: 870 GREENLEAF CIRCLE
City-St-Zip: VERO BCH, FL 32960

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: MCLEOD, GRAHAM
Address: 855 11TH AVE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Change (X) Addition
Name: MCLEOD, GRAHAM
Address: 855 11TH AVE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Change (X) Addition
Name: MCLEOD, GRAHAM
Address: 855 11TH AVE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Change (X) Addition
Name: MCLEOD, GRAHAM
Address: 855 11TH AVE S.W.
City-St-Zip: VERO BEACH, FL 32962

Title: D () Change (X) Addition
Name: MCLEOD, GRAHAM
Address: 855 11TH AVE S.W.
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRAHAM MCLEOD

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date